

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	018563-004820US / AT-00105.2
First Inventor	CHISHTI, MUHAMMAD
Title	COMPUTER AUTOMATED DEVELOPMENT OF AN ORTHODONTIC TREATMENT PLAN AND APPLIANCE
Express Mail Label No.	EV 346926301US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning design patent application contents.		<b>ADDRESS TO</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 64] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 28] 5. Oath or Declaration [Total Pages 5] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/686,190 filed 10/10/2000 Prior application information: Examiner Wilson, John J Art Unit: 3732 <b>For CONTINUATION OF DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number		20350	
		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	James M. Heslin	Registration No. (Attorney/Agent)	29,541
Signature			Date November 20, 2003

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031282 U.S. PTO  
10/718779

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 3442

Complete if Known

Application Number

Filing Date

November 20, 2003

First Named Inventor

CHISHTI, MUHAMMAD

Examiner Name

Art Unit

Attorney Docket No.

018563-004820US / AT-00105.2

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None	3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account:							
Deposit Account Number		20-1430					
Deposit Account Name		Townsend and Townsend and Crew LLP					
The Director is authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	2001	770	385	Utility filing fee	770		
1002	2002	340	170	Design filing fee			
1003	2003	530	265	Plant filing fee			
1004	2004	770	385	Reissue filing fee			
1005	2005	160	80	Provisional filing fee			
SUBTOTAL (1)				(\$770)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		135	-20** =	115	X \$18 =	\$2,070	
Independent Claims		10	-3** =	7	X \$86 =	\$602	
Multiple Dependent					X		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	2202	18	9	Claims in excess of 20			
1201	2201	86	43	Independent claims in excess of 3			
1203	2203	290	145	Multiple dependent claim, if not paid			
1204	2204	86	43	** Reissue independent claims over original patent			
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$2672)			
**or number previously paid, if greater; For Reissues, see above							
				3. ADDITIONAL FEES			
Large Entity		Small Entity		Fee Code		Fee (\$)	
1051		130		2051		65	
1052		50		2052		25	
1053		130		1053		130	
1812		2,520		1812		2,520	
1804		920*		1804		920*	
1805		1,840*		1805		1,840*	
1251		110		2251		55	
1252		420		2252		210	
1253		950		2253		475	
1254		1,480		2254		740	
1255		2,010		2255		1,005	
1401		330		2401		165	
1402		330		2402		165	
1403		290		2403		145	
1451		1,510		1451		1,510	
1452		110		2452		55	
1453		1,330		2453		655	
1501		1,330		2501		655	
1502		480		2502		240	
1503		640		2503		320	
1460		130		1460		130	
1807		50		1807		50	
1806		180		1806		180	
8021		40		8021		40	
1809		770		2809		385	
1810		770		2810		385	
1801		770		2801		385	
1802		900		1802		900	
Other fee (specify)							
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)			

SUBMITTED BY

Complete (if applicable)

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Signature

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